

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155520		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/05/2013	
NAME OF PROVIDER OR SUPPLIER BRAUN'S NURSING HOME LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 909 FIRST AVE EVANSVILLE, IN 47710			
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F0000	<p>This visit was for the Investigation of Complaint IN00123348.</p> <p>Complaint IN00123348 Substantiated, Federal/State deficiencies related to the allegations are cited at F157, F441, and F514.</p> <p>Survey date: February 5, 2013</p> <p>Facility number: 000437 Provider number: 155520 AIM number: 100273770</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: NF: 39 SNF/NF: 14 Total: 53</p> <p>Census payor type: Medicaid: 47 Other: 6 Total: 53</p> <p>Sample: 3</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.						

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F0157 SS=E	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on observation, interview, and record review, the facility failed to notify physicians of residents suspected scabies and obtain treatment orders, and failed to notify family members of the suspected</p>	F0157	Plan of Correction Response for F157 The facility has written clear and concise Policies and Procedures to address all areas identified under F157. They are identified below: 1. F157		02/18/2013		

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	<p>scabies and treatments, for 3 of 3 residents reviewed who were treated for scabies, in a sample of 3. Residents A, B, and C</p> <p>Findings include:</p> <p>1. On 2/5/13 at 10:10 A.M., during interview with the Director of Nursing [DON], she indicated there had not been cases of scabies recently until approximately 1/16/13, when a staff member was observed to have a rash. The DON indicated she had a "house supply" of the Permethrin cream. The DON indicated the Medical Director informed her to treat any suspicious rashes on residents or staff with the Permethrin cream [an scabicial ointment]. The DON indicated she could not say that residents' physicians or family members had been notified of the scabies or the treatment.</p> <p>The DON indicated at that time that the nurses had just given her a list of residents who had been treated for scabies. Included on the list were Residents A, B, and C.</p> <p>On 2/5/13 at 11:20 A.M., during interview with the Medical Director, he indicated he was aware residents had been treated for scabies, but was unaware of which residents. The Medical Director</p>		<p>483.10(b)(11) "Policy and Procedure - Change in a Resident's Condition or Status."</p> <p>2. F157 483.15(e)(2) "Policy and Procedure - Change in a Resident's Condition or Status."</p> <p>3. F157 483.15(b)(1) "Policy and Procedure - Change in a Resident's Condition or Status."</p> <p>The Administration will in-service and educate all professional nursing staff and appropriate administrative personnel regarding the Policy and Procedure for a Change in a Resident's Condition or Status before February 18, 2013. In addition, the Administration has implemented a 24-hour Resident Condition Change Sheet. This form will be maintained by each Charge Nurse and will be delivered to the Director of Nursing daily. The Director of Nursing will utilize this tool to monitor compliance with notification of changes. The Director of Nursing, or their designee, will follow-up in each resident's medical record on a weekly basis for one month, on a monthly basis for a randomly selected number from each unit for the next quarter, and on a quarterly basis for a randomly selected number from each unit from this point forward to ensure that we have notified the resident, their legal representative or family member and physician of any change in the resident's medical condition and/or status. Weekly</p>				

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	<p>indicated scabies was "very contagious," and residents and staff should be treated if there was a suspicious rash.</p> <p>On 2/5/13 at 1:55 P.M., the DON indicated Resident B was treated on 1/10/13, 1/17/13 and 2/4/13; Residents A and C were treated on 2/4/13.</p> <p>2. On 2/5/13 at 9:20 A.M., during the initial tour, LPN # 1 indicated she thought Resident C had been treated for scabies "last night."</p> <p>On 2/5/13 at 10:45 A.M., the clinical record of Resident C was reviewed. Diagnoses included, but were not limited to, dementia. Documentation that the physician or family was notified of a rash or complaints of itching, or receiving the scabies treatment, was not located in the clinical record.</p> <p>On 2/5/13 at 11:15 A.M., a skin assessment was requested. CNA # 1 indicated she had just given the resident a shower that morning, because the resident had the scabies cream applied the night before. Resident C indicated, "It itches." Rash-type areas were observed on the resident's right leg, left arm, and abdomen. The right leg had scabbed areas, where the resident demonstrated she had scratched.</p>		<p>"At Risk" meetings are held to discuss any significant changes in the resident's medical condition and/or status. This meeting is attended by the Assessment Coordinator, Social Service Director, Dietary Manager, Unit Manager, Director of Nursing, and Administrator. The discussion during this meeting will be utilized as a means of identifying the medical record of residents for audit purposes. The Director of Nursing assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance. The Policy and Procedure for Change in a Resident's Condition or Status and the 24-hour Resident Condition Change Sheet is completed and will be available for review by the surveyor or survey team upon revisit.</p> <p>Compliance Date: February 18, 2013 Margaret H. Braun, HFA Administrator Braun's Nursing Home</p>				

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	<p>3. On 2/5/13 at 9:20 A.M., during the initial tour, LPN # 1 indicated Resident A had been treated for scabies.</p> <p>On 2/5/13 at 9:45 A.M., the clinical record of Resident A was reviewed. Diagnoses included, but were not limited to, senile dementia. Documentation that the physician or family was notified of a rash or complaint of itching, or receiving the scabies treatment, was not located in the clinical record.</p> <p>On 2/5/13 at 1:20 P.M., a skin assessment was requested. Resident A indicated the itching "comes and goes." Resident A indicated both of her arms and abdomen were the main places that itched. Scattered rash-type areas were observed on her bilateral arms and abdomen.</p> <p>4. On 2/5/13 at 9:20 A.M., during the initial tour, LPN # 1 indicated Resident B had been treated for scabies.</p> <p>On 2/5/13 at 10:05 A.M., the clinical record of Resident B was reviewed. Diagnoses included, but were not limited to, Alzheimer's disease.</p> <p>A care plan, dated 12/10/12, indicated: "Concerns/Problems, Alteration in skin: Eczema..."</p>						

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	<p>The most recent nursing note regarding an alteration in skin, dated 12/25/12 at 1:00 P.M., indicated, "...digs [and] scratches all over D/T [due to] red rash on body. Tx [treatment] conts [continues] [with] unsuccess [sic]...."</p> <p>Documentation of physician or family notification of the resident's continued complaints of itching and rash, or a physician's order to treat scabies, was not in the clinical record.</p> <p>On 2/5/13 at 1:30 P.M., a skin assessment was requested. Resident B denied itching at that time. The resident's abdomen appeared to have a fading rash. The resident's right and left arms had scabbed-type areas on them.</p> <p>5. On 2/5/13 at 1:35 P.M., the DON indicated she did not have a specific policy on physician or family notification. The DON indicated the facility was in the process of revising their policies.</p> <p>This federal tag relates to Complaint IN00123348.</p> <p>3.1-5(a)(3)</p>						

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F0441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to</p>		F0441	Plan of Correction Response for F441 The facility has written		02/22/2013	

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	<p>develop and implement an Infection Control program regarding residents and staff with suspected scabies, for 3 of 3 residents reviewed who were treated for scabies, in a sample of 3. Residents A, B, and C</p> <p>Findings include:</p> <p>1. On 2/5/13 at 10:10 A.M., during interview with the Director of Nursing [DON], she indicated there had not been cases of scabies recently until approximately 1/16/13, when a staff member was observed to have a rash. The staff member indicated a family member had scabies, and so the DON indicated she removed the staff member from the schedule, and gave her Permethrin cream [an scabicide ointment] for treatment. The DON indicated she had a "house supply" of the Permethrin cream. The DON indicated the Medical Director looked at the staff member, and "cleared her" to return to work approximately on 1/26/13. The DON indicated the Medical Director informed her to treat any suspicious rashes in residents or staff with the Permethrin cream.</p> <p>The DON indicated at that time that the nurses had just given her a list of residents who had been treated for scabies. Included on the list were</p>		<p>clear and concise Policies and Procedures to address all areas identified under F441. They are identified below: 1. F441 483.65 a. Infection Control Committee Overview; b. Infection Control Committee – Duties and Responsibilities; c. Developed responsibilities of proposed position "Infection Control Coordinator"; d. Policies and Practices – Infection Control; e. Isolation – Categories of Transmission – Based Precautions; f. Isolation – Initiating Transmission – Based Precautions; g. Communicable/Contagious Diseases, Employee; h. Handwashing/Hand Hygiene; i. Laundry and Bedding, soiled; and j. Rash log. (a) Infection Control Program 1. The infection control committee (ICC) met on Friday, February 15, 2103. This committee will meet weekly until the entire infection control manual is reviewed, revised, updated, implemented, and all staff is thoroughly re-educated. At this time, the committee will meet at a minimum of a quarterly schedule. The new position of "Infection Control Coordinator" will be immediately assumed by the Director of Nursing until those responsibilities are delegated to a current member of the nursing staff or a nurse is hired to assume these responsibilities. 2. The Administration has written and the ICC has approved the</p>				

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	<p>Residents A, B, and C. The DON indicated she had inserviced staff approximately 2 weeks prior to come to her if they thought they needed treatment, and she could give them the cream. The DON indicated she had 7 staff members who requested treatment. The DON indicated 1 staff member had seen her personal physician, and was diagnosed with scabies, but that she found out that information "later." The DON indicated she had not kept track of residents or staff with suspected scabies in the facility infection log. The DON indicated she would need to find out when the residents had been treated with the Permethrin cream.</p> <p>On 2/5/13 at 11:15 A.M., CNA # 1 indicated she had been treated with the Permethrin cream for scabies approximately 1 month prior. CNA # 1 indicated she received the cream from the DON.</p> <p>On 2/5/13 at 11:20 A.M., during interview with the Medical Director, he indicated he had examined an employee for scabies approximately 2 weeks prior, after she had been treated for scabies, and she was "clear." The Medical Director indicated scabies was "very contagious," and residents and staff should be treated if there was a suspicious rash. The Medical</p>		<p>Policies and Practices for Infection Control, as well as Isolation – Categories of Transmission – Based Precautions. These documents provide the Infection Control Coordinator with a standard for the evaluation and determination of the type of isolation necessary to maintain a safe, sanitary and comfortable environment. 3. At the time of the complaint survey, the Director of Nursing utilized an "Infection Log" to record, monitor and document corrective action taken relevant to the infection. The Administration has opted to create a separate log to monitor any and all rashes to include scabies. This log is completed and in use. (b) Preventing Spread of Infection 1. At the time it is determined that isolation is the proper nursing intervention, then the Infection Control Coordinator shall utilize the "Isolation – Initiating Transmission – Based Precaution." As mentioned in (a) (2), this document will provide the Infection Control Coordinator with a standard for the evaluation and determination of placing a resident in isolation. 2. The Administration has written and the ICC has approved the Policy and Procedure for Communicable/Contagious Diseases, Employee. The Infection Control Coordinator will be able to refer to the standards and guidelines outlined in this</p>				

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	<p>Director indicated there should have been documentation kept related to who was treated.</p> <p>On 2/5/13 at 11:35 A.M., CNA # 2 indicated she had been treated with the Permethrin cream for scabies "about 1 month ago."</p> <p>On 2/5/13 at 1:55 P.M., the DON indicated Resident B was treated on 1/10/13, 1/17/13 and 2/4/13; Residents A and C were treated on 2/4/13. The DON indicated she determined these dates by looking at when she reordered the Permethrin cream on 1/10/13. The DON indicated she did have a house supply, but was running low, and reordered the cream.</p> <p>2. On 2/5/13 at 9:20 A.M., during the initial tour, LPN # 1 indicated she thought Resident C had been treated for scabies "last night." Resident C was not in her room at that time. There was no isolation precaution equipment in or outside of her room.</p> <p>On 2/5/13 at 10:45 A.M., the clinical record of Resident C was reviewed. Diagnoses included, but were not limited to, dementia. Documentation of any rash or complaints of itching was not located in the clinical record. Documentation of a</p>		<p>policy when determining the need to modify work schedules, adapt the environment, and/or restrict an employee's accessibility and contact with the residents. 3. The Administration has written and the ICC has approved the Policy and Procedure for Handwashing/Hand Hygiene. This protocol is in place and ALL staff has been in-serviced. (c) Linens 1. The Administration has written and the ICC has approved the Policy and Procedure for Laundry and Bedding – Soiled. This protocol is in place and all staff will be in-serviced by Friday, February 22, 2013. The Director of Nursing and Environmental Services Coordinator assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance. All Policies and Procedures identified in 1(a), 1(b), 1(c), 1(d), 1(e), 1(f), 1(g), 1(h), 1(i), and 1(j) is completed and will be available for review by the surveyor or survey team upon revisit. Compliance Date: February 22, 2013 March 6, 2013 - The Administration will complete the review, editing, and integrating of the overall Infection Control Policy. Any new or revised Policies and Procedures will be approved by the ICC and staff will be in-serviced accordingly. Margaret H. Braun, HFA Administrator Braun's Nursing Home</p>				

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	<p>physician's order to treat a rash was not in the clinical record. A care plan regarding a rash was not located in the clinical record.</p> <p>On 2/5/13 at 11:15 A.M., a skin assessment was requested. CNA # 1 indicated she had just given the resident a shower that morning, because the resident had the scabies cream applied the night before. Resident C indicated, "It itches." Rash-type areas were observed on the resident's right leg, left arm, and abdomen. The right leg had scabbed areas, where the resident demonstrated she had scratched.</p> <p>3. On 2/5/13 at 9:20 A.M., during the initial tour, LPN # 1 indicated Resident A had been treated for scabies. Resident A was not in her room at that time. There was no isolation precaution equipment in or outside of her room.</p> <p>On 2/5/13 at 9:45 A.M., the clinical record of Resident A was reviewed. Diagnoses included, but were not limited to, senile dementia. Documentation of any rash or complaints of itching was not located in the clinical record. Documentation of a physician's order to treat a rash was not in the clinical record. A care plan regarding a rash was not located in the clinical record.</p>						

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NAME OF PROVIDER OR SUPPLIER BRAUN'S NURSING HOME LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 909 FIRST AVE EVANSVILLE, IN 47710			
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	<p>On 2/5/13 at 1:20 P.M., a skin assessment was requested. Resident A indicated the itching "comes and goes." Resident A indicated both of her arms and abdomen were the main places that itched. Scattered rash-type areas were observed on her bilateral arms and abdomen.</p> <p>4. On 2/5/13 at 9:20 A.M., during the initial tour, LPN # 1 indicated Resident B had been treated for scabies. Resident B was not in her room at that time. There was no isolation precaution equipment in or outside of her room.</p> <p>On 2/5/13 at 10:05 A.M., the clinical record of Resident B was reviewed. Diagnoses included, but were not limited to, Alzheimer's disease.</p> <p>A care plan, dated 12/10/12, indicated: "Concerns/Problems, Alteration in skin: Eczema..."</p> <p>The most recent nursing note regarding an alteration in skin, dated 12/25/12 at 1:00 P.M., indicated, "...digs [and] scratches all over D/T [due to] red rash on body. Tx [treatment] conts [continues] [with] unsuccess [sic]...."</p> <p>Documentation of a physician's order to</p>						

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	<p>treat scabies was not in the clinical record.</p> <p>On 2/5/13 at 1:30 P.M., a skin assessment was requested. Resident B denied itching at that time. The resident's abdomen appeared to have a fading rash. The resident's right and left arms had scabbed-type areas on them. LPN # 1 indicated at that time that she was unsure when the resident was treated for scabies. She indicated there was not documentation in the clinical record regarding treatment.</p> <p>5. On 2/5/13 at 1:35 P.M., the DON provided the current facility policies on Infection Control, undated. The DON indicated the facility was currently in the process of revising the policies, and these policies had been "taken off of the computer." When interviewed regarding what the facility policy for Infection Control was prior to these policies, the DON indicated she was using "policies from the 80's."</p> <p>The policies included: "Healthcare-Associated Infections...When an infection is identified, the Director of Nursing, with the input of the nursing staff and Attending Physician as needed, will confirm that the situation meets the criteria for an infection and will attempt</p>						

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	<p>to identify whether the infection developed in [facility]...Infection Control Committee...The objectives of the IC [Infection Control] function are to: a. Develop written policies and procedures for the prevention and control of infections among residents and personnel...Develop isolation precaution protocols when control of an infectious or communicable disease or disease risk is required in accordance with CDC [Centers of Disease Control] guidelines and recommendations...Policies and Practices - Infection Control...The objectives of our infection control policies and practices are to: a. Prevent, detect, investigate, and control infections in the facility...Establish guidelines for implementing Isolation Precautions...Maintain records of incidents and corrective actions related to infections...."</p> <p>This federal tag relates to Complaint IN00123348.</p> <p>3.1-18(b)(1)</p>						

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F0514 SS=E	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on observation, interview, and record review, the facility failed to ensure documentation regarding residents' rashes and/or complaints of itching, and treatment provided for suspected scabies, was completely documented in the clinical record, for 3 of 3 residents reviewed for complete documentation, in a sample of 3. Residents A, B, and C</p> <p>Findings include:</p> <p>1. On 2/5/13 at 10:10 A.M., during interview with the Director of Nursing [DON], she indicated there had not been cases of scabies recently until approximately 1/16/13, when a staff member was observed to have a rash. The DON indicated the Medical Director informed her to treat any suspicious</p>	F0514	<p>Plan of Correction Response for F514 The facility has written clear and concise Policies and Procedures to address all areas identified under F514. They are identified below: 1. F514 483.75(l)(1) a. "Policy and Procedure - Change in a Resident's Condition or Status. b. "Policy and Procedure – Charting and Documentation." c. "Policy and Procedure – Physician Medication Orders." d. "Policy and Procedure – Documentation of Medication/Treatment Administration e. "Skin Assessment(s) – Clinical Protocol All professional nursing personnel (RN/LPN's) will be in-serviced on the above referenced policies and procedures by 7:00 p.m. on February 16, 2013. Non nursing personnel with responsibilities outlined in the "Policy and</p>		02/18/2013		

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	<p>rashes in residents or staff with the Permethrin cream.</p> <p>The DON indicated at that time that the nurses had just given her a list of residents who had been treated for scabies. Included on the list were Residents A, B, and C. The DON indicated she had not kept track of residents or staff with suspected scabies in the facility infection log. The DON indicated she would need to find out when the residents had been treated with the Permethrin cream.</p> <p>On 2/5/13 at 11:20 A.M., during interview with the Medical Director, he indicated he had examined an employee for scabies approximately 2 weeks prior, after she had been treated for scabies, and she was "clear." The Medical Director indicated scabies was "very contagious," and residents and staff should be treated if there was a suspicious rash. The Medical Director indicated there should have been documentation kept related to who was treated.</p> <p>On 2/5/13 at 1:55 P.M., the DON indicated Resident B was treated on 1/10/13, 1/17/13 and 2/4/13; Residents A and C were treated on 2/4/13. The DON indicated she determined these dates by looking at when she reordered the</p>		<p>Procedure – Change in a Resident's Condition or Status", will be in-serviced before 5:00 p.m. on February 17, 2013. In addition, the Administration has implemented a 24-hour Resident Condition Change Sheet. This form will be maintained by each Charge Nurse and will be delivered to the Director of Nursing daily. The Director of Nursing will utilize this tool to monitor compliance with notification of changes. The Director of Nursing, or their designee, will follow-up in each resident's medical record on a weekly basis for one month, on a monthly basis for a randomly selected number from each unit for the next quarter, and on a quarterly basis for a randomly selected number from each unit from this point forward to ensure that we have notified the resident, their legal representative or family member and physician of any change in the resident's medical condition and/or status. Weekly "At Risk" meetings are held to discuss any significant changes in the resident's medical condition and/or status. This meeting is attended by the Assessment Coordinator, Social Service Director, Dietary Manager, Unit Manager, Director of Nursing, and Administrator. The discussion during this meeting will be utilized as a means of identifying the medical record of residents for audit purposes. At a minimum,</p>				

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	<p>Permethrin cream on 1/10/13.</p> <p>2. On 2/5/13 at 9:20 A.M., during the initial tour, LPN # 1 indicated she thought Resident C had been treated for scabies "last night."</p> <p>On 2/5/13 at 10:45 A.M., the clinical record of Resident C was reviewed. Diagnoses included, but were not limited to, dementia. Documentation of any rash or complaints of itching was not located in the clinical record. Documentation of a physician's order to treat a rash was not in the clinical record. A care plan regarding a rash was not located in the clinical record.</p> <p>On 2/5/13 at 11:15 A.M., a skin assessment was requested. CNA # 1 indicated she had just given the resident a shower that morning, because the resident had the scabies cream applied the night before. Resident C indicated, "It itches." Rash-type areas were observed on the resident's right leg, left arm, and abdomen. The right leg had scabbed areas, where the resident demonstrated she had scratched.</p> <p>On 2/5/13 at 11:35 A.M., during interview with LPN # 1, she indicated there should be documentation in the nurses notes regarding the scabies</p>		<p>the Policy and Procedure for Charting and Documentation shall provide clarity for the following:</p> <p>a. Documentation Requirements;</p> <p>b. Who is responsible for recording entries, and c. Documentation Criteria The Policy and Procedure for Physician Medication Orders clearly states that "Medication shall be administered ONLY upon the written order of a person duly licensed and authorized to prescribe such medication in this state." Although this policy and procedure addresses additional requirements (i.e. verbal orders, PRN orders, documentation of verbal orders, etc.), the above statement is relevant to addressing the non-compliance identified in F514. The Policy and Procedure for Documentation of Medication/Treatment Administration states "the facility shall maintain a medication administration record to document all medication/treatments administered. The document provides a clear understanding of the following: a. Documentation of the MAR; b. Documentation of the TAR; c. Time of documentation, and d. Minimum Documentation Requirements. In order to assure that rashes were not present for residents A, B, C and all other residents in the facility, the Director of Nursing conducted a full skin sweep on February 10, 2013. This sweep</p>				

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	<p>treatment.</p> <p>3. On 2/5/13 at 9:20 A.M., during the initial tour, LPN # 1 indicated Resident A had been treated for scabies.</p> <p>On 2/5/13 at 9:45 A.M., the clinical record of Resident A was reviewed. Diagnoses included, but were not limited to, senile dementia. Documentation of any rash or complaints of itching was not located in the clinical record. Documentation of a physician's order to treat a rash was not in the clinical record. A care plan regarding a rash was not located in the clinical record.</p> <p>On 2/5/13 at 1:20 P.M., a skin assessment was requested. Resident A indicated the itching "comes and goes." Resident A indicated both of her arms and abdomen were the main places that itched. Scattered rash-type areas were observed on her bilateral arms and abdomen.</p> <p>4. On 2/5/13 at 9:20 A.M., during the initial tour, LPN # 1 indicated Resident B had been treated for scabies.</p> <p>On 2/5/13 at 10:05 A.M., the clinical record of Resident B was reviewed. Diagnoses included, but were not limited to, Alzheimer's disease.</p>		<p>presented no signs of a rash or rashes for any of the residents in the building, to include residents A, B, and C. The Director of Nursing will conduct another full skin sweep of all residents on February 17, 2013. This sweep will include residents A, B, and C. This sweep will be completed by 10:00 p.m. on the 17th of February. If this sweep does not produce any concerns, then future sweeps will be conducted on an as needed basis. This decision will be based upon information communicated via the 24-hour Resident Condition Change Sheet, weekly skin assessments and documentation, and the information presented at the weekly "At Risk" meeting. The Director of Nursing assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance. All Policies and Procedures identified in 1(a), 1(b), 1(c), 1(d) and 1(e) is completed and will be available for review by the surveyor or survey team upon revisit. Compliance Date: February 18, 2013 Margaret H. Braun, HFA Administrator Braun's Nursing Home</p>				

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	<p>A care plan, dated 12/10/12, indicated: "Concerns/Problems, Alteration in skin: Eczema..."</p> <p>The most recent nursing note regarding an alteration in skin, dated 12/25/12 at 1:00 P.M., indicated, "...digs [and] scratches all over D/T [due to] red rash on body. Tx [treatment] conts [continues] [with] unsuccess [sic]...."</p> <p>Documentation of a physician's order to treat scabies was not in the clinical record.</p> <p>On 2/5/13 at 1:30 P.M., a skin assessment was requested. Resident B denied itching at that time. The resident's abdomen appeared to have a fading rash. The resident's right and left arms had scabbed-type areas on them. LPN # 1 indicated at that time that she was unsure when the resident was treated for scabies. She indicated there was not documentation in the clinical record regarding treatment.</p> <p>5. On 2/5/13 at 1:55 P.M., during interview with the DON, she indicated the facility did not have a current policy on documentation procedures. She indicated the facility was currently in the process of revising their policies.</p>						

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	<p>This federal tag relates to Complaint IN00123348.</p> <p>3.1-50(a)(1)</p>						